



## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey State Board of Optometrists  
124 Halsey Street, 6th Floor, P.O. Box 45012  
Newark, New Jersey 07101  
(973) 504-6440



### How to Transfer your Inactive-Paid License to an Active License

Send a written request to the:

New Jersey State Board of Optometrists  
P.O. Box 45012  
Newark, New Jersey 07101

You must submit this form as your written request for transfer of your inactive-paid Optometrist license. Upon receipt of this application requesting the transfer of your licenses, you must submit the relevant information for your transfer.

☐ **Initial Optometrist Inactive-Paid transfer to Active Status:** (For the transfer of the Inactive-Paid Optometrist license and issue an initial OM-Certification) must send the following:

- Pay \$ 150.00 if you are transferring your license from inactive-paid to active during the first year of the biennial renewal period. (Transferring between May 1st of every odd year through April 30th of every even year.)
- Pay \$ 75.00 if you are transferring your license from inactive-paid to active during the second year of the biennial renewal period. (Transferring between May 1st of every even year through February 20th of every odd year.)

☐ **Renewed Optometrist Inactive-Paid license transfer to Active Status:** (For the transfer of BOTH Inactive-Paid Optometry license and Inactive Certification) must send the above transfer fee and the following additional information:

- Notarized affidavit of employment indicating each job held during the period of suspension or inactive status which includes the names, addresses, and telephone numbers of each employer. The letter should state whether or not you have been working in NJ since license expired.
- Documented proof that you completed the 50 continuing education credits required for the previous biennial renewal period that your license was expired.
- Payment of the \$250.00 TPA/OM-Certification fee, and payment of the \$18.75 resubmit of a criminal history background check fee for a total required payment of \$418.75.
- Completion of a certification and authorization form for criminal history background check. See the initial application for a copy of this form.
- Verification of having or held a professional license or certification of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction. A verification should come directly from the State office. Please contact that state for their procedures on how to complete a state license verification or a letter of good standing. (Do not send a copy of your license.)

**Please complete this entire form and return to the above address.**

1. Name: \_\_\_\_\_  
Last name First name Middle initial

2. License number: **27OA** \_\_\_\_\_

3. Mailing address: \_\_\_\_\_  
Street address City State ZIP code

Check one: ☐ New address ☐ Same as application

4. Daytime telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
(include area code) (include area code)

5. Cellphone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(include area code)

6. Business address: \_\_\_\_\_  
Street address City State ZIP code

Business telephone number: \_\_\_\_\_  
(include area code)

Business e-mail address: \_\_\_\_\_

7. Licensee working at this location: \_\_\_\_\_

Licensee license number: **27OA00** \_\_\_\_\_ **00**